

PRINTED: 07/18/2013  
FORM APPROVED

## Division of Health Care Facilities

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|---|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN4502                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01 - MAIN BUILDING 01<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br>07/14/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>JEFFERSON COUNTY NURSING HOME |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>914 INDUSTRIAL PARK RD<br>DANDRIDGE, TN 37725 |   |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE                           |
| N 848   | <p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by:<br/>Based interview and testing, the facility failed to maintain the exhaust system.</p> <p>The findings include:</p> <p>Interview with the maintenance director and testing on July 14, 2013 at 11:45 a.m. revealed that the exhaust system for the entire Unit 2/South Hall was not working.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference.</p> | N 848  | <p>The exhaust system for Unit 2/South Hall will be repaired and in proper working order.</p> <p>All other exhaust systems in the main building will be evaluated to determine working status.</p> <p>Exhaust systems will be inspected by the Maintenance Department on a routine basis. This requirement and corrective action will be discussed in the facility's Quality Assurance Performance Improvement meeting which will be held on Friday, July 26, 2013.</p> <p>Compliance with stated inspections will be made by the facility Administrator.</p> | 08/23/2013                                   |

Division of Health Care Facilities

*Rogin L. Mynatt*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

7/31/13

STATE FORM

6899

E56M21

If continuation sheet 1 of 1